

United States District Court

for

District of South Carolina

Request for Modifying the Conditions or Term of Supervision with Consent of the Offender *(Probation Form 49, Waiver of Hearing is Attached)*

Name of Offender: Junnie Lavon Williams **Case Number:** 2:15CR00458-001

Name of Sentencing Judicial Officer: The Honorable David C. Norton, United States District Judge

Date of Original Sentence: July 11, 2016

Original Offense: Felon in Possession of a Firearm and Ammunition, in violation of 18 U.S.C. §§ 922(g)(1) and 924(a)(2).

Original Sentence: The defendant was committed to the custody of the Bureau of Prisons for 84 months followed by 36 months supervised release with the following special conditions: 1. The defendant shall participate in a program of testing for substance abuse as approved by the U.S. Probation Officer. The defendant shall contribute to the costs of such testing not to exceed an amount determined reasonable by the court approved U.S. Probation Office's Sliding Scale for Services, and shall cooperate in securing any applicable third-party payment, such as insurance or Medicaid. 2. The defendant shall participate in the United States Probation Office reentry program if available upon his release from imprisonment.

Type of Supervision: Supervised Release **Date Supervision Commenced:** May 28, 2021

Previous Court Action/Notifications: On June 10, 2021, the Court was notified that on June 2, 2021, the defendant tested positive for marijuana, which was confirmed positive by Abbott Toxicology Laboratories, Inc. on June 8, 2021. No action was requested at that time. The U.S. Probation Office will continue to conduct random drug screens to monitor any further drug use.

PETITIONING THE COURT

To extend the term of supervision for _____ years, for a total term of _____ years.

To modify the conditions of supervision as follows:

1. You must participate in an [inpatient/outpatient] substance abuse treatment program and follow the rules and regulations of that program. The probation officer will supervise your participation in the program (provider, location, modality, duration, intensity). You

must contribute to the cost of such program not to exceed the amount determined reasonable by the Court approved U.S. Probation Office's "Sliding Scale for Services," and you will cooperate in securing any applicable third-party payment, such as insurance or Medicaid.

CAUSE

On August 24, 2021, the defendant tested positive for marijuana, amphetamines and methamphetamines. This test was confirmed on September 5, 2021, by Alere Toxicology Laboratory. Due to the defendant testing positive while on supervision, the United States Probation believes that the defendant would benefit from completing a substance abuse assessment and treatment if appropriate. Mr. Williams will also be enrolled in the random urinalysis testing program. Any future violations will be reported to the Court with an appropriate recommendation.

Due to limited budget resources, the U.S. Probation Office has adopted a sliding scale co-payment system to offset treatment, Location Monitoring, and polygraph costs in order to extend these services to as many offenders and defendants as possible.

Respectfully Submitted,

By:



Todd Brandon Graham
U.S. Probation Officer

Date: September 7, 2021

Reviewed and Approved By:

Katrina Robinson-Curtis
Katrina Robinson-Curtis
Supervising U.S. Probation Officer

THE COURT ORDERS:

No action.

The extension of supervision as noted above.

The modification of conditions as noted above.

Other



David C. Norton
United States District Judge

September 14, 2021
Date

UNITED STATES DISTRICT COURT

Charleston, District of South Carolina**Waiver of Hearing to Modify Conditions
of Probation/Supervised Release or Extend Term of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation/Supervised Release or my period of supervision being extended. By "assistance of counsel", I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

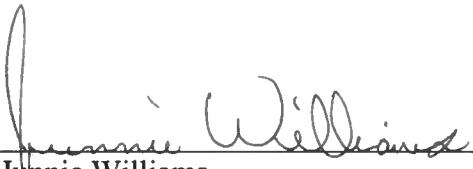
I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation/Supervised Release or to the proposed extension of my term of supervision:

1. You must participate in an [inpatient/outpatient] substance abuse treatment program and follow the rules and regulations of that program. The probation officer will supervise your participation in the program (provider, location, modality, duration, intensity). You must contribute to the cost of such program not to exceed the amount determined reasonable by the Court approved U.S. Probation Office's "Sliding Scale for Services," and you will cooperate in securing any applicable third-party payment, such as insurance or Medicaid.

Witness: T. B. Graham

Todd Brandon Graham
U.S. Probation Officer

Signed: _____


 Junnie Williams
 Probationer or Supervised Releasee
9/9/21

Date